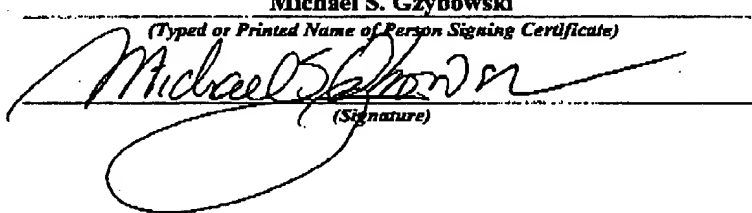



<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			<b>Docket No.</b>
Applicant(s): <b>Toshiya YAGOU et al.</b>			<b>121027-064</b>
<b>Serial No.</b>	<b>Filing Date</b>	<b>Examiner</b>	<b>Group Art Unit</b>
<b>09/939,163</b>	<b>August 24, 2001</b>	<b>Catharine Anderson</b>	<b>3761</b>
<b>Invention:</b>			
<b>BODY FLUID ABSORBENT PANEL FOR SANITARY WEARING ARTICLE</b>			
			<b>RECEIVED CENTRAL FAX CENTER</b>
			<b>DEC 30 2003</b>
			<b>OFFICIAL</b>
I hereby certify that this <u>Amendment and Amendment Transmittal</u>			
(Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u> )			
on <u>December 30, 2003</u>			
(Date)			
<b>Michael S. Gzybowski</b>			
(Typed or Printed Name of Person Signing Certificate)			
			
(Signature)			
<b>Note: Each paper must have its own certificate of mailing.</b>			

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			<b>Docket No.</b> <b>121027-064</b>		
Applicant(s): Toshiya YAGOU et al.					
Serial No. 09/939,163	Filing Date August 24, 2001	Examiner Catharine Anderson	Group Art Unit 3761		
Invention: <b>BODY FLUID ABSORBENT PANEL FOR SANITARY WEARING ARTICLE</b>					
<b><u>TO THE COMMISSIONER FOR PATENTS:</u></b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2136 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: December 30, 2003</div></div> <div style="margin-top: 20px;"> Signature</div> <div style="margin-top: 10px;">Filed via facsimile transmission.</div>					
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>					
cc:					